



#585 Why Not Doing HRT Could Harm Your Brain, Bones, and Libido with Dr. Tami Meraglia

Dr. Wendy Myers

Hello, welcome to the Myers Detox Podcast. I'm Dr. Wendy Myers, and today we've got a really good show. We're gonna be talking about the health risks of not doing HRT or hormone replacement therapy. This is something that I think women should be taking very seriously when it comes to addressing and troubleshooting their symptoms, stress levels, and sleep. I believe hormone replacement therapy to be super important and really one of the single most impactful and highest return on investment choices that you can make to improve your health, longevity, and quality of life. Not doing hormone replacement therapy, I can go so far as to say that it can be life-threatening or have very negative health outcomes because when women's estrogen levels reduce as they age. They are at much greater risk of having a heart attack, stroke, falls, breaking a bone, osteoporosis, and dying.

50% of women die. I don't know the amount of time. That's something within a year after they break a bone. Dr. Tami Meraglia suggests on the show that 50% of women have a dramatically reduced quality of life after breaking a bone. And so, there are a lot of negative consequences of not doing hormone replacement therapy. Some of the benefits of doing hormone replacement therapy that we're gonna talk about today include progesterone, which affects sleep, mood, and bone health and often declines first. It improves sleep quality and our stress response. And then estrogen, which is crucial for bone density, weight management, heart health, brain function, skin elasticity, collagen production, and reducing the risk of osteoporosis, heart

attack, stroke, and dementia. Testosterone improves energy, mood, libido, most importantly, muscle mass and your mood.

It's very important because you get up and go having energy, motivation, and make really quick, decisive decisions, which men are so good at doing. And then DHEA also is a really important precursor hormone that many people choose to take. We're gonna be talking about all those topics and more on the show today. I have the honor of interviewing Dr. Tami Meraglia. She's an MD and a leader in functional medicine, specializing in hormones, weight loss, and non-surgical facial rejuvenation. She's also the bestselling author of *The Hormone Secret*, published by Simon and Schuster. She's appeared on Good Morning America Fox, ABC, NBC, and many podcasts and summits.

She lectures nationally and internationally and is the Medical Director of Bio Thrive Life that offers personalized medical programs in person in Seattle, Washington. Virtually, you can learn more about Dr. Tami's work at biothrivelife.com. Dr. Tami, thank you so much for coming on the show.

Dr. Tami Meraglia

I'm honored to be here. Thanks so much for having me.

Dr. Wendy Myers

You are an expert on our hormones and that's what we're gonna talk about today. So, tell us a little bit about your background and why you decided to focus so much on hormones.

Dr. Tami Meraglia

I danced professionally at a ballet company first for 13 years and then went to medical school in my thirties and in residency in my early forties. So, I had a different perspective of everything. I didn't swallow all the Kool-Aid. I'm like, wait a minute, that doesn't make sense. And when I finished, I was literally in my residency. I had a baby and I was laying on the ground so exhausted between appointments. I was like, okay, I'll check my thyroid, iron and the usual stuff. Then, I said to myself

Dr. Wendy Myers

I'll take some gelato.

Dr. Tami Meraglia

Right?

Dr. Wendy Myers

That's what people are doing at some point.

Dr. Tami Meraglia

I know and I was like, everything's fine. I was like, okay, first of all, I'm gonna abolish the fine because nobody wakes up in the morning and says, gosh, I wanna be fine today. Then I thought, okay, well, maybe it's my hormones because there's nothing wrong here. So, I checked my estrogen, progesterone, and testosterone. I had non-existent free testosterone in my late thirties, and I just dove into the research and realized that there is a lot of information about testosterone for women other than just helping us with libido, which really wasn't my primary concern. I wanted my energy back. I wanted to lose weight because I'd had babies and it was stuck and all of that kind of stuff. So, when I went into practice, I thought, I know I'll help people with their liver because the liver's so important for hormones and it's important for gut health, and it's important and nobody had the energy to do the work.

I thought, okay, maybe if I just give people their hormones that they're deficient in, maybe even temporarily, so that they feel better first, then we can dive into liver health and then gut health and then nutrition and all of these things. And then it was like, oh, all of these people started feeling great. That was 21 years ago. I wrote a book published by Simon and Schuster. It became a bestseller. It's called The Hormone Secret. I am really still to this day feel like it is the key. It affects how we look, feel, and function.

Dr. Wendy Myers

Yes, I agree. My testosterone was two and it's supposed to be like 120 or something for women. It was nothing and I felt that too. I had zero libido and it's not fun to live like that. Not to mention you have a tough time building muscle and maintaining muscle mass, which is so important for longevity and your health in general. You just don't have that same drive or energy. That's why men have so much energy. They're just overflowing with testosterone

Dr. Tami Meraglia

Well, and people don't realize that as women, we actually have quite a bit of testosterone. In our earlier years, it's actually the most abundant testosterone when you break it down. And so when it leaves, we feel very different. But traditional medicine says, oh, it doesn't matter as if the symphony, like you can just say, oh, the violins don't matter. Like, no, all of the instruments have to work in harmony together. One of my favorite things to help women with is don't hack your health. Harmonize your health. You can do little things on a regular basis that are very strategic and personalized so that you can harmonize and optimize your health. I don't want to put on a 25-pound backpack and go rocking up a hill. I'm just not gonna do it. Is it probably great for me? Yeah. I'm never gonna do it, but maybe I'll put on a little five-pound weighted vest and just go for a 10-minute walk after I eat. Little things can add up to so much.

Dr. Wendy Myers

Tell me what your thoughts are on hormone replacement therapy. One of the reasons I do so many podcasts on hormones and the importance of testing and testing before menopause in perimenopause is because there's so much misinformation, even coming from medical doctors, that hormone replacement therapy is harmful, causes cancer, has all these negative associations and God, I mean, even among my friends who are very intelligent and very educated are being fed this misinformation and it's really upsetting.

Dr. Tami Meraglia

I wish we could just shout it from the mountaintops. I started off thinking, okay, hormone replacement therapy is going to make you feel better and it's not for

everyone. Let's use the smallest dose for the shortest amount of time to get you through this period of time of perimenopause and menopause. I have completely changed my stance on that. I think that every woman should be on hormone replacement therapy unless there's a good reason that you shouldn't, which is few and far between. We absolutely know from fantastic research and data that it does not cause cancer. We can even give a woman who had breast cancer, vaginal estrogen without increasing her risk of getting cancer again.

It's just so crazy. It protects your heart, brain, bones, skin, hair, vitality, and longevity. I just think that there is no supplement, there is no lifestyle hack, there is no nutrition that is going to reboot your ovaries once they've gone into retirement. The only way is to do hormone replacement therapy. Now, that's not saying it's right for every single person. It's not. I believe that personalized medicine is the key. You need to find somebody who listens to you, who goes through all your history and what your goals are and what you're comfortable with, et cetera. But there's so many options out there.

We have a nationwide telehealth clinic and I can't believe how many people are afraid of hormone therapy or they're taking the contraceptive pill and thinking that that's the best option for you. Taking oral estrogen does increase your risk for a clot. Is it a huge risk? No, but with so many other options, why would you bother with any increased risk? You just need to find somebody to work with that knows what the evidence-based information is, and there's a plethora of it. And unfortunately, people say to me all the time, well, why do I have to pay to see a doctor that specializes in hormones or who knows this stuff? Why can't my family practice doctor, my internist, my OB-GYN, do this? Well, unfortunately or fortunately, well, they don't know about this assembly.

Dr. Wendy Myers

They don't, they don't know how to do hormones.

Dr. Tami Meraglia

You don't have healthcare. You have sick care insurance, perimenopause and menopause. Nobody is getting the training, education, or the awareness, but you are

the CEO of your own health. You get to fire your doctor. Go find somebody else who's gonna take care of you. You should definitely not know more from social media than your doctor about hormone replacement therapy.

Dr. Wendy Myers

Yeah, that's a sad reality. You have to go to YouTube and Instagram for a lot of health info. My girlfriend went to her OB-GYN, she needs hormones more than I. I just can't scream it enough. But if she goes to her doctor and doctor's like, no, you do not wanna do hormone replacement therapy. Her OB-GYN said no, it can cause cancer. It's like literally parroting this stuff from the Women's Health Initiative, what is it, 20 years ago or more, and it's completely retracted.

Dr. Tami Meraglia

It's retracted and clarified and confirmed that no, it does not. One thing I do a lot is if patients don't want to or are not able to come see us at our clinic, which we know we're not the best fit for everyone. You have to find that relationship. Somebody who really connects with you and listens. But I teach people how to be in relationship with their doctor, and I always challenge my patients to say, if your doctor says to you, oh, no, no, no, no, you shouldn't do that, or you shouldn't do this, or no, I'm not gonna order that, or no, I'm gonna not prescribe this, just say to them, okay, I respect you, but I really want to know and understand. Can you please provide me with the research that you're basing your decision upon? And there is none. There is no research to show that taking hormone replacement therapy is going to cause cancer.

I do this even with cardiologists. You go see a cardiologist and say, okay, let's put all women who have a high cholesterol, which is gonna happen for the majority of women as they go through menopause. Their cholesterol is gonna go up. Let's put them on a statin. Show me the research where it shows that putting a statin or putting a woman on a statin is gonna reduce her risk of a heart attack or death doesn't exist. Statins are not the best options for women. And that's one of the few studies that we do have, because most of the studies aren't done on women. No. We just assume that we're smaller men, which is ridiculous.

Dr. Wendy Myers

Yeah, for sure.

Dr. Tami Meraglia

Did you know that even the animal studies, they don't use female animals or mice

Dr. Wendy Myers

Oh, wow.

Dr. Tami Meraglia

And the bias is so ensconced. I was recently invited to the United Nations to a female entrepreneur event in New York City, and they had a whole section on AI. AI is being trained for insurance purposes, for denials or approvals and all kinds of medical stuff in the current system, which is biased against women. So, it's going to get worse. We really have to be our own advocate.

15:13 Ads

For anyone listening who really wants to detox their body, go to heavymetalsquiz.com. I created a quiz for you. It only takes a couple of seconds and it's based on some lifestyle questions. You can get your toxicity score and get a free video series that answers all of your frequently asked questions about how to detox your body. Check it out at heavymetalsquiz.com.

Dr. Wendy Myers

Yeah, I know. My mom finally fired her doctor after advocating for that for five years because he just wouldn't stop trying to put her on a statin. He even tried to put her on a diabetes drug and I said, mom, let's get you a continuous glucose monitor. And lo and behold, her blood sugar is better than mine. So, she did not need a diabetes medication. She finally fired him because it was just crazy. The drug pushing that goes on and the pressure. But anyway, back to hormones. So, I started having a lot of symptoms of low hormones in my early forties, I started having a lot of sleep issues,

more stress or more stress responses and feeling more stressed and just lots of other symptoms.

When looking back, I just needed progesterone and I suffered for 10 years with poor sleep and I tried everything and I realize now I just needed progesterone and I wish I had started doing testing because it was on my radar. I'm a health professional. I'm consuming lots of content about health all the time, but it just wasn't on my radar at all to test. It was like, oh, I'm healthy in my early 40's. When do you think women should start testing and based on what symptoms?

Dr. Tami Meraglia

Well, it's important for women to know that perimenopause means the start of your hormones leaving you, and our hormones don't leave us in this beautiful, turn the faucet off gradually. It goes in spits and spurts. It's like a hose that's got a kink in it. It's like a burst and then nothing, and then up and down and up and down. And that starts in your late thirties. It's really important to know that your symptoms don't have to be consistent, that your symptoms don't have to get worse and worse, and worse and worse to be perimenopausal. And so, yes, getting tested is super important, but you need to work with somebody who's also going to put those test results together with your symptoms and how you're feeling now compared to before. The test at one point in time may show a normal value, and that's why it's important to get more than one test over time.

We have a membership model, and so our patients get tested three to four times a year, and we take the average and then we combine it with how you're feeling. Progesterone leaves us first and it leaves us fastest. Progesterone's been called the Valium that bathes the female mind. You wake up between two and four in the morning, wide awake, like, why am I awake? I don't know why I'm awake, but I'm wide awake. I might as well go pee, but I didn't wake up because I had to urinate. That is a progesterone deficiency. It's so sleep oriented, like that's probably one of the first things, and then when you don't sleep, you feel worse.

Dr. Wendy Myers

Oh, everything else is downhill. Your blood sugar, the snacking, weight, this and that, it's just this perpetual domino effect downward.

Dr. Tami Meraglia

And then the other thing that progesterone does is that I say, when my progesterone was leaving, anything that was mildly irritating to me and my family previously, I wanted to choke them. I just had no tolerance. Now, it wasn't that I was this violent, angry person outwardly, but it was a much bigger effort for me. I was feeling more irritated all the time. That was progesterone. I swear to you, if there was a fire in my house, I would grab my progesterone and then my children. My husband can run for himself.

Dr. Wendy Myers

And you know what, I think people don't realize that progesterone almost works like Xanax, where it helps to make GABA and GABA is the breaks on cortisol stress hormones so that you're more relaxed. You sleep through the night, you're not as stressed. You maintain your solitude and peace. When I first started doing progesterone supplementation, I was just doing like the little 5% creams that were a drop in the bucket. I started doing it and I thought, oh, I'm replacing my progesterone and I didn't really feel much. I'm taking 400 milligrams a night, enough for a horse, but that's what I need.

Dr. Tami Meraglia

But that's not enough for a horse. That's enough for Wendy.

Dr. Wendy Myers

Yes, and like for five milligrams, that's nothing. So, of course I didn't feel anything and I put that aside thinking that wasn't what I needed.

Dr. Tami Meraglia

And then there's oral progesterone that crosses the blood-brain barrier better than topical progesterone. It helps better with sleep symptoms. Here's the other thing that

makes me crazy, that hormones cause cough cancer. But the other thing is that, oh, I can't afford it. I just get so frustrated when there are a lot of functional medicine doctors, naturopathic doctors, people who are in the hormone space say, oh, you need to get your hormones from a compounding pharmacy. Now I love compounding pharmacies. I use them all the time, but you don't have to. Micronized bioidentical progesterone is available at any regular pharmacy, costs about \$20 a month. Now it only comes in two doses, 100 and 200. So, if you need something in the middle, like 150 or 300, you can still combine to get 300. But if you need 150, then you're gonna have to go to a compounding pharmacy. But this is affordable. This is accessible. You do not need to pay hundreds of dollars a month just to get your hormones.

Dr. Wendy Myers

I think a lot of people perceive that it's gonna be really expensive when they can't afford it. I pay 199 a month for my hormones, and I paid 250 to test every quarter. So, every three months. It's not that bad. No, it's not that great either, but it's not that bad. For the return on investment, it's huge compared to buying four bottles of supplements for sleep or what have you.

Dr. Tami Meraglia

Or osteoporosis medication or heart attack or stroke. We can't guarantee that your insurance will cover your blood work, but, we use LabCorp Quest and so oftentimes, people's insurance will pay for their blood work but won't pay for your hour appointment with us. Unfortunately, your insurance doesn't want doctors to spend an hour with you. They just want in and out. Insurance will pay for a 10-minute disease focused appointment, but it is way more affordable than people think. Way more. I think there are all these alternatives, like, I use GoodRx. There are a lot of these coupon things and one month supply is 2025.

Dr. Wendy Myers

Yeah, it's amazing. So, let's talk about some of the more benefits of progesterone and what symptoms it ameliorates. And then let's move on to estrogen, because the

bone protection thing with estrogen is huge, but let's talk a little bit more about progesterone.

Dr. Tami Meraglia

So, there's the Valium that bathes the female minds of that peacefulness. We talked about sleep. Progesterone also has a mild diuretic effect. So, when you're getting puffy, people say, oh, I'm just puffy in perimenopause and menopause. It could be because of the lack of progesterone. Progesterone also helps in bone health. Progesterone stimulates a cell in your body called osteoblast. And I always used to remember, blast means to build, even though blast means blast apart, I just remembered the blast. And so, it's stimulating the building of new bones. That's just also very, very important. And it's the yin to the yang of estrogen. It's the balance of estrogen. And so sometimes when progesterone leaves us first, people are estrogen dominant, and we don't want to be estrogen dominant, which is a relative term, right?

You say, how can I be estrogen dominant when I have almost no estrogen? Well, it's because you have no progesterone, so you have more estrogen than you should. Balancing them all together is super important. Progesterone, like you said, interacts with cortisol and your stress response. It's just so important in so many ways. Like I said, at least us first, and you can take progesterone by itself. If you start hormone replacement therapy and perimenopause, you might just be taking progesterone.

Dr. Wendy Myers

Let's talk about estrogen. You can take progesterone as a cream and you can get that over the counter, but it's usually not gonna be as much as you probably need. It may be a start and something to experiment with, but really you wanna test not guess.

Dr. Tami Meraglia

I always wonder how accurate the over the counter is, like dose per pump. What's the accuracy of that? You're gonna start messing with hormones. I like to know what you're gonna get.

Dr. Wendy Myers

Yeah, exactly. Exact measurement. Let's talk about estrogen, because one of the main reasons I wanted to do hormone replacement therapy was to protect my bones. There's a lot of research that shows that women that do hormone replacement, they have less incidents of osteoporosis. Their bones don't break down. I don't wanna say breakdown, but they just don't have as much incidence of osteopenia and osteoporosis.

Dr. Tami Meraglia

For sure. Perimenopause and early menopause is really the time to prevent it. Now we absolutely can reverse osteoporosis and osteopenia in many cases. We've done it often, but it's a lot harder than preventing bone loss. Women are worried about cancer. I think most people are worried about cancer. What they really ought to be worried about as they enter into perimenopause and menopause is a heart attack and stroke, because that's near number one killer now. And number two is osteoporosis. 50% of women who have an osteoporotic break, usually people know like, oh, broke a hip, die. And the other 50% never regain their quality of life. It is the most negatively impacted thing that could ever happen to a woman.

Dr. Wendy Myers

And you just don't think it's gonna happen to you?

Dr. Tami Meraglia

No. You just don't. Oh, I fell while skiing and I didn't break anything, so I'm fine. No, you need a DEXA bone scan to see how it is.

Dr. Wendy Myers

I think that a lot of women don't think about this, especially if they're not consuming a lot of health content or even if they are, it's just the last thing they're really thinking about. They're more worried about their diet or taking some supplements or what have you, I think is just not really at the forefront of people thinking about preventing that.

Dr. Tami Meraglia

I think there are some women who think, oh, I take calcium so my bones are fine. Calcium isn't actually terrible for you to take unless you need it. I think people take way too many cell phones. Yeah, that's a whole other episode. But calcium for a woman that doesn't actually need taking more calcium compared to what they're getting in food can get put into your coronary arteries. And that's a terrible thing. It's not getting put into your bones. Estrogen is what you need to protect your bones and estrogen is what you need to protect your heart from a heart attack or stroke. It is very anti-inflammatory and it really helps the coronary arteries, especially if it started within the first 10 years of your stopping of your period. It's very protective.

Dr. Wendy Myers

I've read research where women are pretty much protected from heart attacks until they get into the menopause and then they catch up with men very, very quickly. And it's just the loss of estrogen and hormones

Dr. Tami Meraglia

Exactly, and dementia. We actually have an increased risk of dementia that is reversed if you start estrogen replacement therapy in the first five to six years of your menopause.

Dr. Wendy Myers

I was reading some other research that was showing that women who enter menopause have a 30% reduction in electrical activity in their brain. I don't know if that's from a loss of estrogen or what, but there's a marked decrease in word recall memory, in brain fog, brain functioning after you go into menopause. And it's incredibly frustrating. It's been really a struggle with me dealing with that. But the hormone replacement, I feel that it's helpful. I just started estrogen probably six, seven months ago and it's been really, really helpful. I felt like I was struggling before I started the estrogen. It's humbling when you know what your intellectual prowess is, perhaps, and then you go into this phase and in menopause and transitioning. I'm

not going down without a fight. I'm just not. And so that estrogen for me. I think it is important on so many levels.

Dr. Tami Meraglia

It really is. Um, Dr. Lisa Mosconi is a brain scientist. She only studies the female brain and she has massive amounts of research about what happens in menopause. And estrogen matters. Our brains literally shrink in size during menopause because of the lack of estrogen. So yeah, it is so, so important for so many reasons. I just feel like it's not that hard. I don't understand why doctors are just being gatekeepers. You would think that these patients are asking for an opioid or something, and they're like, no, it's super dangerous for you. You can't have it.

31:09 Ads

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There's a really interesting study, a new one done by the Clean Label Project that was just published and it's a study of 160 top-selling protein powders representing more than 80 percent of the market in the U.S. And shockingly, or maybe not surprisingly, it showed that nearly half of the top-selling protein powders in the U. S. exceed California's Prop 65 safety limits for lead, with a staggering 21 percent containing double the acceptable amount of this harmful heavy metal. This discovery isn't just cause for concern, it's alarming when you're trying to buy something healthy and you're taking it every single day. And as you know, the potential health impacts of lead exposure are nothing to take lightly, ranging from cognitive problems to reproductive issues and lower IQ in children. So, it's really a wake-up call that demands attention that we address on this show.

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Dr. Wendy Myers

I think a lot of doctors, it's shown that they're about 10 to 15 years behind the research typically. And like any profession, there are some people in any profession that are not that intellectually curious and just don't study on the weekends and their downtime. They're not looking for new information or more education, and then they're busy. But other people are obsessed with more information, bringing the best care to their patients, and it's just more of a personality thing versus a profession.

Dr. Tami Meraglia

Yeah. I get it. I get how busy OBGYNs and doctors are. I get it. I'm a doctor, I'm an MD, but I think that we have an obligation to at least do some research. And nowadays

you'd need to do a cursory, superficial scan of the research to find that HRT is safe and effective for women. You don't have to like to go deep diving and find obscure research. It's everywhere. I really think that I'm not letting doctors off the hook anymore. No. We're literally here to serve. And if you don't wanna do it to the best of your ability, then it's time to retire or be upfront and say, you know what? This isn't my specialty.

Dr. Wendy Myers

Yeah.

Dr. Tami Meraglia

If you have something wrong, or you're having a baby or a gynecological problem, I'm here to help you. But this isn't my specialty. I'd like you to go see somebody else. That would be a great response instead of this misinformation about, no, no, no, no, you shouldn't have this. It's gonna cause clots. It's gonna cause cancer. Like, stop. Yeah, stop saying things that are 20 years old.

Dr. Wendy Myers

I think that's hard for a lot of professionals to admit they don't know something, But I think you also have to look at who you're speaking to. If there's a resistance to hormone replacement therapy, perhaps it's just because they don't offer it. It's not a service they offer.

Dr. Tami Meraglia

Yeah, for sure.

Dr. Wendy Myers

And like when it comes to estrogen, I don't think women realize how important estrogen is for muscular function, because I know for me, I started getting all these pulled muscles once I went into menopause. About a year after, I just started pulling muscles and pulling muscles and pulling muscles and muscle cramps. It was just so strange. I'd never experienced that except maybe after a really tough workout. I

would go on a walk and pull a muscle in my butt and I just thought, what is this? I didn't think, oh, it must be menopause. I didn't think about hormones or anything like that. My chiropractor was like, oh, go into peptides, get some BPC 157, or, I was looking into steroids. I was just desperate because I couldn't work out. It was just really affecting my quality of life. I did some more research and it's estrogen. It was just lack of estrogen and some of them can have pain syndromes from lack of estrogen

Dr. Tami Meraglia

Well, yes, so frozen shoulder, back pain, musculoskeletal pain, joint pain that is new or worsened. You get an MRI, it's fine. You get an X-ray, it's fine. Your orthopedic surgeon and primary care doctor are like, well, we don't know. Take anti-inflammatories, ice, and do physical therapy. This is what women are being told. We now know there's a beautiful paper published by Dr. Vonda Wright, an orthopedic surgeon called the Musculoskeletal Syndrome of Menopause. There were thousands of women in that study, and when they were given estrogen, their pain went away. It's just a lack of estrogen. Estrogen is so anti-inflammatory. Think of a frozen shoulder. Who would've known that that is a symptom of menopause or perimenopause?

Dr. Wendy Myers

My mom had that and she thought it was just because her dog pulled her arm when she was walking. You wouldn't have that response when you're in your thirties, right? You wouldn't get frozen shoulder from like a mild injury

Dr. Tami Meraglia

Exactly. I think there are almost 70 different symptoms that it's hard for the person that's experiencing it to say, oh, this must be perimenopause. Like itchy tears. That's a symptom of perimenopause. Or shoulder aches and pains. I always say, I wish and hope that you get hot flashes. And people are like, that's not very nice. I'm like, no, but at least you're going to identify that you need hormone replacement therapy and you're gonna go get help.

Dr. Wendy Myers

And maybe you're uncomfortable enough at that point to push you to look into this.

Dr. Tami Meraglia

Yes, but if you don't have hot flashes and you just are cranky and you've lost your joy and you can't sleep and you've gained weight and you can't lose it, and you have a frozen shoulder and your back hurts, you might not look for someone to help you with hormones.

Dr. Wendy Myers

I think part of the weight gain in menopause has to be a function of poor sleep to a large degree because if you're not sleeping well for 10 years leading up to menopause, that is going to affect every organ a hundred percent. Every organ system increases. When you don't sleep well, you have increased blood sugar the next day, even to the levels of a diet type two diabetic. You're craving more food and you're stress eating more. All that is gonna add up to more weight. Is there anything related to estrogen and lack of estrogen and weight gain as well?

Dr. Tami Meraglia

Yes, and oh my gosh. I start every day by reading research and I'm so blessed that I love it so I don't have to work hard to be up to date. There's some beautiful research that shows that our adipocyte, which is the fancy doctor word for a fat cell, is because we go to school for a really long time to talk a language nobody can understand. Your fat cell actually has an estrogen receptor. There's this whole interaction that I won't go into where the fat cell has this pathway with estrogen that says, oh, thank you so much. This is the key to this doorway that is going to help me go through via a stem cell to make another fat cell. This is all a beautiful system, and we're gonna maintain where we're at. It has a lot to do with subcutaneous fat, that is the fat that we see that's on our skin, which is not under the skin. That's not the worst fat. We might not like it, but it's not dangerous fat.

The dangerous fat is when it goes on top of your organs, which is called visceral fat. When estrogen goes down and goes away, that fat cell doesn't get the proper message anymore. It puts the fat onto your organs. And so, there is an enormous increase in fat deposition onto your organs, which is so hard to get rid of, which is so dangerous to your health. There's also another pathway where estrogen is involved

in insulin resistance. There's about a dozen ways where the lack of estrogen is actually going to make you fatter, and it's not easy to lose that visceral fat with your tricks in your twenties of moving more, eating less, doing what you did, intermittent fasting, carnivore, you can try everything. It is not gonna work.

Dr. Wendy Myers

Haven't we all done all that stuff? You're like, what is going on? I would be an olympic athlete if I was doing this in my twenties and this disciplined. Let's talk about testosterone because testosterone is so important. When you see men, they have a lot more muscle, less fat. It's so much easier for them to lose weight, to put on muscle because of this amazing hormone called testosterone. So, what are some of the symptoms of low testosterone?

Dr. Tami Meraglia

Well, I have a beautiful quiz in my book, the Hormone Secret. It goes through all the hormones, but it's really about testosterone for women. you would be surprised what low testosterone is associated with. I think for women, the number one priority is energy. Your weight, meaning your fat to muscle ratio, your strength, recovery, brain function, and mood. I call it your zippity doo dah, that zest for life. Women are so good at just showing up and they have this tolerance of just having a decline in their joy and their zest for life. They just keep showing up and they keep showing up and they keep showing up. But it takes a greater toll and cost to do that. A lot of these things can improve with replacing testosterone.

Now, when you're in perimenopause, you may not need testosterone replacement therapy because you can still give. There's some evidence-based things like Tongkat Ali and you can use MAA, which takes the testosterone off of the carrier protein so that it's more bioavailable for you to actually use in your body functions. There are a lot of things that testosterone will help you do, and you don't always need to use testosterone replacement therapy unless you're further down. Now the FDA says that there's no testosterone replacement therapy that is approved for women. We can prescribe it for low libido, hypo sexual function. We do the GLP-1 medication, weight loss nationwide, and I won't let anyone do it without getting their hormones checked

because I don't want you losing your muscle. And if you have no testosterone, you are likely to lose a lot of muscle as you lose weight.

Dr. Wendy Myers

Yeah, I agree with that. I'm perusing Dr. Tina Moore's work. I think it's really important to have your hormones balanced and tested before starting on the GLP-1 agonists for sure. You need to have that foundational health first and a lot of things and your hormones on board before those as well.

Dr. Tami Meraglia

Well, you can lose weight and look like you were in the hospital or you can lose weight and look great.

Dr. Wendy Myers

Yeah

Dr. Tami Meraglia

I think it has a lot to do with your hormones.

Dr. Wendy Myers

Yeah, for sure. Hormones and nutrition. So what are your recommendations for testosterone replacement? What are the symptoms that show somebody might need that?

Dr. Tami Meraglia

It's really about testing. And because women will not really understand that they're low libido, their lack of strength, lack of energy, and all of these things are associated with low testosterone. I prefer to test free testosterone. The total testosterone tells me how much is there, but not how much is doing you any good. It's like saying, okay, we wanna build a house, and the house is on an island. Let's count all the workers that are at the ferry dock on the ferry. No, no, no, no, no. Let's count how many construction workers are at the house with a hammer or a saw or something. Let's

count the workers. That's free testosterone, and we really want to be looking at free testosterone to see if we can optimize it, or to replace it now.

There are a lot of women who say, oh, I don't wanna have testosterone. I am afraid of getting aggressive. I'm afraid of getting too big. I don't wanna lose my hair. There's all this stuff. That's why you have to work with someone who's going to follow up, not just write a prescription and say, well, call me if you have a problem. Hair loss is possible, but not very common at low doses. And that we need to check whether or not it's converting to dihydrotestosterone. That's where the problems lie. So, we're really talking about starting at one milligram and maybe not even one milligram every day, maybe every other day to start off with and then rechecking after that. And it's a cream.

Dr. Wendy Myers

You're usually starting on a super low dose. At least with my doctor, they started super low dose and they're just very slowly titrating up. You don't exactly typically have those symptoms. I did try pellets the first time and I was like, woo-hoo. I went on this testosterone rollercoaster because of the pellets. You really can't control the dose like you can with a cream or injection or a capsule or whatnot. But that was interesting. I loved the feeling of being on testosterone. I absolutely loved it. I didn't really have any side effects. I had a little bit of acne for like a week, and I just didn't really notice any negative effects. It was just positive. I know everyone's a little bit different. But you're just slowly being titrated up typically with all the hormones that they start you on.

Dr. Tami Meraglia

Yeah, you don't wanna go from this deficient state to optimal overnight. Your body would be like, whoa, what did you just do to me? It's a go slow start low, go slow. That's my philosophy.

Dr. Wendy Myers

And all I can say is I wish I had tested years before because I had a period. I've always worked out. I've always lifted weights since I was a teenager. I love lifting

weights, but I'd go like three times a week just out of just what I do. I just noticed that I just was not building muscle. I just felt like for years I was just on this hamster wheel where I was just not making any progress whatsoever, and it was harder to recover. I got really frustrated because of that also, and I just had no testosterone. It was just such a big surprise that I wasn't getting any results with my workout. So, again, for me, that frustration, that low libido and the musculoskeletal issues and the lack of sleep, finally I broke down. I was searching for answers and, but you don't have to wait. You don't have to suffer. I really encourage women in their late thirties to even just go test just to see what's going on.

Dr. Tami Meraglia

There are other androgens. DHEA is important as well. It's a precursor to so much. And there's this thing called cortisol steal, and I'll have women who say, oh my gosh, how come my hormones are so low. It's just academic. You just look at the hormone tree and where things go and your body needs to make cortisol, otherwise you'll die, right? If there's a perceived stress, your body will prioritize making cortisol so you can run away and save your life. There's a system and it's literally called cortisol steal, which means that the time, energy, and raw ingredients are no longer available to make DHEA testosterone and progesterone. All these things are going to be in a deficient state because of stress.

51:05 Ads

I want to thank one of our podcast sponsors Bon Charge. They have this amazing red-light mask here that I absolutely love. I've been using this for about a month now and I'm really blown away by the results. It's time to step up your skincare this year with the redlight face mask by Bon Charge. I just spend like 10 minutes a day wearing this mask and it has so many different benefits. It really works. This face mask, essentially, the red LED lights penetrate really deeply into your skin. They boost collagen production, reduce inflammation, and ease the signs of aging. So, if you want plumper, younger looking skin, skin, if you want to significantly reduce or eliminate acne, blemishes, redness, and inflammation, if you want to reduce pigmentation, if you want to stimulate cellular repair and circulation, if you want to reduce puffiness and help to drain the lymphatics in your face and for you guys, you

can use this advanced LED technology to revolutionize your skin care by tackling razor burn, dryness, and redness. It's amazing and really easy to use.

I only have to wear it 10 minutes a day. So, you can do it while you're watching TV. I just do it at the end of my day, right before I go to bed. You can do it while you're relaxing, while you're in your sauna, whatever you're doing. I really like it because it's totally portable, so I can take it with me wherever I go. You don't have to have it plugged into anything. It's totally portable. I've seen a really big improvement in the tone and texture of my skin. I really feel like it's helped. I have a lot of sun damage just from worshipping the sun my whole life. I feel like it's really helped reduce the appearance of the pigmentation from the sun damage. I felt like it helped with the puffiness that we can get as well. I really like the results of this mask.

Bon Charge is a red light face mask. It's really easy to use to take care of your skin. It's totally painless and it's not going to heat up your skin or cause any kind of heat damage or anything like that. The red wavelength is 630 nanometers, which is used to reduce redness, inflammation, pigmentation and it prompts cellular repair and circulation. The near infrared in this is at 840 nanometers. It's the deeper fibroblast cells stimulating new collagen and elastin production, resulting in firmer, plumper, more youthful looking skin. So trust me, you want to get one of these. Try the Bon Charge red light face mask. You can get it at boncharge.com. That's B O N C H A R G E . com and use promo code WENDY to get 15 percent off.

Dr. Wendy Myers

So many women are under just unbelievable amounts of stress. So much pressure on us today to do it all.

Dr. Tami Meraglia

Yes, and the sandwich generation, right? The perimenopausal and menopausal women are still often taking care of children and also taking care of parents.

Dr. Wendy Myers

And working

Dr. Tami Meraglia

And working on top of it. Oh, Ann, you have to be healthy and you have to do your workout

Dr. Wendy Myers

I think it is just no surprise why women have a lot of challenges with their hormones and it's just not being recognized when they go to the doctor. And then on top of that, what I talk about a lot on this show is all the toxins that affect our hormones as well. All the plastics, petrochemicals and PFAS that dramatically impact our estrogen and introduce a lot of synthetic estrogens into our bodies that act like estrogens and so many things in the toxin world working against our hormones. There's just an army of things working against our hormones. I spent a lot of years thinking, oh, I'm gonna detox and I'm gonna get rid of all these things outta my body that are interfering hormones. I'm gonna detox my home and take pretty extreme measures. I still needed to go on hormone replacement because of stress and the other factors that maybe I factored out the toxin conundrum. I still had stress and just lower production of hormones as you age. So, I think even if you feel like you're checking off a lot of the boxes, still really pay attention and test, don't guess.

Dr. Tami Meraglia

Another source of toxins is skincare and it's interesting. There is some research that shows that vaginal estrogen, which is 0.1% used on the skin, will actually increase your collagen.

Dr. Wendy Myers

Yes. I've seen a lot of ads on Instagram for estrogen-based creams for your face. They're very tempting.

Dr. Tami Meraglia

I'm not a huge fan of the over the counter versions when you're talking about hormones, like, do you actually test that? How much is in that dose and is it stable when you go to the drugstore and you pick up 0.1% of estradiol vaginal cream, and

you apply it to your face? You and your doctor know exactly how much estrogen you're getting. And if you think about it, you can look at your pictures when you are 20 to 30, there's some changes, 30 to 40, there's some changes, 40 to 50, there's some bigger changes at 50 to 60. That's the biggest change and then from there on why? Because your hormones have gone. You need estrogen to make collagen.

Dr. Wendy Myers

You do, period.

Dr. Tami Meraglia

You do, and there's no amount of bone broth and nutrition and things that you can eat or drink.

Dr. Wendy Myers

You can't eat your way outta this. Eating all that collagen doesn't necessarily make it deposit into your skin. It just doesn't always go where you want it to go. Just like calcium.

Dr. Tami Meraglia

Yeah, exactly. We started off by saying how we look, how we feel, and how we function. I would be hard pressed to find a system in our body that isn't affected by hormones.

Dr. Wendy Myers

I felt like when I was younger I would read about hormone replacement therapy and like, oh, I'm not gonna do that. I'm just gonna grow old gracefully. Oh hell no. When you start having all these symptoms and it finally dawns on you that it's the low hormones. I think a lot of women make the smart choice to go get tested. But I also had a period in my life where I had the brilliant idea to go vegan for a little while, and I had just had a baby. I had a lot of stress leading up to that in work and whatnot. I just reached a point where I had a health crisis. After being vegan for six months and a few of these other factors, I went to my doctor and I had no hormones. I had no

thyroid hormones. I had very low sex hormones and very high stress hormones. And so, the doctor wanted to put me on hormone replacement therapy at 37. I actually did do some testing, but I made the decision, there's no way hormone replacement therapy is for women in menopause.

That was just the conclusion that I came to and it was erroneous. It was the wrong decision. I should have done the hormone replacement therapy that was recommended to me. It was a very good functional medical doctor. I was on the right path, but unfortunately didn't take it because I just had a lot of misconceptions that it was way too early to start hormone replacement therapy.

Dr. Tami Meraglia

There's also this thing that I hear out there is like, oh, get age with grace. I also hear things like, oh, I'm just gonna do it naturally. Well, there couldn't be anything more natural than replacing the bioidentical hormones that are already in your body and are leaving. Just think a bit more about what aging naturally is, and, and it reminds me of those women who are like, there's no prize for having a baby and going through the most pain.

Yeah, exactly. There is no prize. I love that. Why would you go for menopause with the most pain? Like for the second time in your life, you're gonna be the best victim? Forget about it. Live and love yourself. Receive what is available that is safe and effective, and you couldn't age more gracefully than with HRT. Compare it to without.

Dr. Wendy Myers

Oh absolutely. And then just think about all the money people spend on biohacking equipment to improve their life and supplements and supplements. The most foundational thing that you can do for your health, before you spend a ton of money on all that other stuff, you have to get the foundational right. You gotta get your thyroid hormones, your sex hormones, your stress hormones, and even I think the GLP-1, which declines with age as well and starts causing all kinds of problems. I think that needs to be replaced as well. After listening to Dr. Tina Moore's work, I think that there's massive amounts of research about the health benefits of that, forget the weight loss, just massive health benefits for that. That's a whole other podcast, but

that's my personal opinion after looking at her work and the massive amounts of research she put into that. Do the basics first before you're gonna invest in all this other thinking, all these other equipment and protocols, thinking that's what you need. You gotta the red light or the sauna or this and that. You need to do the basics first and then see what's left over to attack.

Dr. Tami Meraglia

Yeah, absolutely. We do have a big peptide practice. We have a whole peptide program. I won't put people on unless I have their hormones checked first because these peptides are often upstream signals for your growth hormones or other things like GLP-1, et cetera. I think that you're doing yourself a disservice if you're going to the trendy, sexy, latest du jour medical hack, then just boring old, like, oh, hormone replacement therapy in a customized dose that is made for me based on the data and my symptoms from a doctor who listened to me for an hour. That's kind of boring, but it's also beautiful.

Dr. Wendy Myers

Well, Tami, thank you so much for coming on the show. That was so good. I love talking about hormones with experts like yourself because I just think it's so important for women to not suffer in silence and suffer in ignorance because they're just really not getting the correct information about hormones and hormone replacement therapy. So, thank you so much for coming on the show.

Dr. Tami Meraglia

Oh, my pleasure.

Dr. Wendy Myers

Tell us about your website, telemedicine program and how people can work with you.

Dr. Tami Meraglia

The blessing of the pandemic was that we went telehealth. I used to have paper charts and in person because I'm old. We were forced to get all electronic health

records and then hired doctors with licenses nationwide. We can see from anywhere by a Zoom appointment, just like we are here and you can get your lab work done, either home kit, saliva, urine, or you can just go to any LabCorp request. And we have an offer for anybody who is a first time patient. You can have a home saliva test and an appointment to go over the results and even prescribe you some hormones, if that's what's appropriate for you for 499. Contact us at info@biothrivelife.com and our website is biothrivelife.com. It's because we want people to thrive.

Dr. Wendy Myers

I think that's so great. I love telemedicine because there's so many people around the world who live in rural areas in the United States, and they just don't have access to good doctors or functional medical doctors, which they need.

Dr. Tami Meraglia

They do. And you know, I do miss wrapping my arms around and giving some love in person, but it's also nice for people to not have to spend the time driving and parking and all of that. We get to say, oh yeah, go get your supplement. What are you taking and what's the dose and how much Omega-3 is in there? So there are some advantages of doing it from home

Dr. Wendy Myers

Tell us about your book also.

Dr. Tami Meraglia

I'm very blessed. It became a bestseller before this craze of hormone replacement therapy and hormone awareness. It's called the Hormone Secret. And like I said, it's really focused on testosterone for women, but it goes through all of your hormones and it really is designed to support the menopausal woman with some additional lifestyle nutrition and supplement things in order to add to your hormone replacement therapy. Or if you're in perimenopause, these are things that you can start with and there's what labs that you need to be asking your doctor to get and what's the optimal range that you should, because we don't want to be told we're fine when you're 0.1 away from falling off the range. There's quite a difference between

the reference range of the lab, meaning you don't have a disease versus optimal. I wrote all of that in there. We go into meditation and the power of that for your hormones. So, there's a lot to unpack. It's like having 10 appointments with me.

Dr. Wendy Myers

Fantastic. It's so important for people to get educated about this and really take that power into their own hands. Don't let someone say, oh, you're not there yet. You're not in the range. You don't need the hormones yet or what have you. Know your numbers, know the ranges that you need and take that. I really wanna empower people to know what their labs are and know where they should be because usually the doctors or whoever you're consulting with may not be looking at optimal levels or hoping to achieve that.

Dr. Tami Meraglia

Don't let somebody say, oh, it's perimenopause. There's no point in testing. Of course, there's a point. There's no point in testing once and making a decision based on that and saying, you're fine, because it could go down the next month. But there is a point of testing. You need to know where you're at, and you need to do serial testing over time and combine it with your symptoms. There's no point in not testing. If you don't feel good.

Dr. Wendy Myers

There's, I don't get it

Dr. Tami Meraglia

Like, what's the downside? I just never understood.

Dr. Wendy Myers

Oh, well, Tami, thank you so much for coming on the show. Everyone, I'm Dr. Wendy Myers. Thanks for tuning in to the Myers Detox Podcast. It is really my pleasure and my privilege to bring you this information that I'm so passionate about educating you so that you can feel good because you deserve to feel good and you deserve to

find those little pieces of the puzzle that we're sharing with you to help you on your health journey and solve your health issues. So, thanks for tuning in every week.

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